

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	LW	68904	9/14/00
O.I.P.E. CLASSIFIER		20	9/22
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	DB	10014	10/24/00

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	11/20/00
2	11/20/00
3	11/20/00
4	11/20/00
5	11/20/00
6	11/20/00
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8	11/20/00
9	11/20/00
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Claim	Date
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If more than 150 claims or 10 actions  
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